



Attorney's Docket No. 702-010717

## TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Serial No.: 09/831,001 Filing Date: September 19, 2001  
Examiner: Cindy T.C. Cuypers et al. Group Art Unit: 1723  
Invention: Device for Treating a Gas/Liquid Mixture

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small Entity Status is/has been asserted for this application under 37 CFR 1.27.  
☐ A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.  
☐ No additional fee is required.  
☐ The fee has been calculated as shown below:

No of Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity Rate	Non-Small Entity Rate	Charge
Total <u>20</u>	<u>20</u>		x \$ 9.00	x \$ 18.00	\$
Indep. <u>3</u>	<u>3</u>		x \$ 44.00	x \$ 88.00	\$
First Presentation of Multiple Dependent Claim/s			+ \$150.00	+ \$300.00	\$
TOTAL ADDITIONAL FEE					\$

- ☐ A check in the amount of \$          is enclosed to cover the filing fee.  
☒ A check in the amount of \$ 430.00 is enclosed for a 2 month Petition for Extension of Time.  
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.  
☒ Any additional filing fees required under 37 CFR 1.16.  
☒ Any patent application processing fees under 37 CFR 1.17.

November 3, 2004

Date

By

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450 on November 3, 2004.

Lisa R. McNany

(Typed name of person mailing paper)

Signature

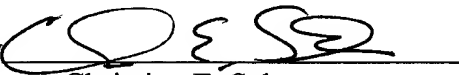
11/3/2004  
Date

Application No. 09/831,001  
Paper Dated: November 3, 2004  
Attorney Docket No. 702-010717

The Commissioner for Patents is hereby authorized to charge any additional fees which may be required to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. The original and two copies of this Petition are enclosed.

Respectfully submitted,

WEBB ZIESENHEIM LOGSDON  
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